

**County of Kauai**  
**Dept. of Finance-Treasury Division**  
4444 Rice St, Ste 466  
Lihue, Kauai, Hawaii 96766

Office Use Only

**APPLICATION FOR DUPLICATE**  
**Motor Vehicle Certificate of Registration**

Application accepted and duplicate issued

Date - Clerk

**TYPEWRITE OR PRINT IN INK**

Safety Inspection Expires: \_\_\_\_\_

License No: \_\_\_\_\_ Registration Expires: \_\_\_\_\_

Make: \_\_\_\_\_ Emblem or Tag No: \_\_\_\_\_

**Fee \$5.00**

VIN No: \_\_\_\_\_

Registered Owner of Record: \_\_\_\_\_

Address: \_\_\_\_\_  
No. and Street City

Legal Owner of Record: \_\_\_\_\_

Address: \_\_\_\_\_  
No. and Street City

The undersigned certifies that the Registration Certificate for the above described vehicle has been

\_\_\_\_\_, and hereby requests the issuance of a duplicate,  
lost, stolen, mutilated, or defaced  
which issuance shall void the original certificate.

\_\_\_\_\_  
Signature of Registered Owner of Record

Defaced or mutilated certificate must be surrendered with this application.  
Improperly filled application will not be accepted.

**IMPORTANT**

False statements in application with intent to defraud are punishable by a fine of not more than \$1,000 or by imprisonment not exceeding one year or by both fine and imprisonment.